STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B007004	A. BUILDING: _____ B. WING _____	02/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES OF HIAWATHA - SOUTH	1480 230TH ST HIAWATHA, KS 66434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Home Plus facility conducted on 02/19/24 and 02/20/24.	S 000		
S5080 SS=E	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of eight residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) for resident (R)101, and R102 was completed prior to or on the day of admission.	S5080		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S5080	Continued From page 1 Findings included: - R101's medical record revealed she moved into the facility on 03/09/22. The admission FCS was completed on 03/20/23 eleven days after R101 admitted to the facility. On 02/20/24 at 11:55 AM Licensed Nurse (LN) B stated she normally waited a few days after a resident admitted to the facility so she could see the what the resident's functional capacity abilities were and then completed the FCS. LN B stated R101's FCS was not completed prior to or the day of admission. The 2008 "Functional Capacity Screen" policy documented, "A functional capacity screen will be completed by a licensed nurse before admission..." The operator failed to ensure a FCS was completed prior to or the day of admission for R101. - R102's medical record revealed he moved into the facility on 01/02/24. The admission FCS was completed on 01/11/24 nine days after R102 admitted to the facility. On 02/20/24 at 12:12 PM LN B stated she normally waited a few days after a resident admitted to the facility so she could see the what the resident's functional capacity abilities were and then completed the FCS. LN B stated R102's	S5080		

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S5080	Continued From page 2 FCS was not completed prior to or the day of admission. The 2008 "Functional Capacity Screen" policy documented, "A functional capacity screen will be completed by a licensed nurse before admission..." The operator failed to ensure a FCS was completed prior to or the day of admission for R102.	S5080		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(3) The facility reported a census of nine residents	S5105		

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S5105	Continued From page 3	S5105		

with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102, and R103.

Findings included:

- R101's medical record revealed she moved into the facility on 03/09/23 with a diagnosis Parkinson's Disease.

The 03/20/23 FCS identified R101 required physical assist with toileting and was impaired with decision-making.

The 03/09/23 NSA did not address R101's need for physical assistance with toileting and did not address her impaired decision-making.

On 02/20/24 at 11:55 AM Licensed Nurse (LN) B stated R101's NSA did not address all that triggered on the FCS.

The undated "Negotiated Service Agreement Policy" documented, "The NSA will be based on the resident's needs as determined by the functional capacity screen..."

The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS.

- R102's medical record revealed he moved into the facility on 01/02/24 with a diagnosis of cognition deficit.

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S5105	Continued From page 4 The 01/11/24 FCS identified R102 had impaired vision, and impaired decision-making. The 01/02/24 NSA did not address R102's impaired vision or his impaired decision-making. On 02/20/24 at 12:12 PM LN B stated R102's NSA did not address all that triggered on the FCS. The undated "Negotiated Service Agreement Policy" documented, "The NSA will be based on the resident's needs as determined by the functional capacity screen..." The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS. -R103's medical record revealed she moved into the facility on 10/14/20 with a diagnosis of Alzheimer's Disease. The 02/14/24 FCS identified R103 had severely impaired cognition with short-term and long-term memory loss, impaired memory recall and impaired decision-making. R103 was rarely or never understood and only sometimes understood others. On 02/20/24 at 12:26 PM LN B stated R103's NSA did not address what services staff provided for her impaired cognition. LN B stated the R103 would smile or grimace during cares and staff will used these as indicators of what the resident needed but the NSA did not indicate that staff followed these cues.	S5105		

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S5105	Continued From page 5 The undated "Negotiated Service Agreement Policy" documented, "The NSA will be based on the resident's needs as determined by the functional capacity screen..." The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(4) The facility reported a census of eight residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was revised when resident	S5116		

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S5116	Continued From page 6 (R)102 signed on with hospice services. Findings included: - R102's medical records revealed he admitted to the facility on 01/02/24. R102's Admission NSA was completed on 01/02/24. R102 was admitted to hospice services on 01/11/24. Review of R102's medical records failed to locate a revised or amended NSA that identified that R102 received hospice services. On 02/20/24 at 12:12 PM Licensed Nurse (LN) B stated R102's NSA was not revised to show he received services from hospice starting 01/11/24. The operator failed to ensure designated staff revised R102's NSA when he admitted to hospice.	S5116		
S5230 SS=D	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting;	S5230		

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S5230	Continued From page 7 (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of eight residents. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Resident (R)102 was admitted to the facility on 01/02/24. Review of R102's medical records revealed that both the TB Screening Questionnaire and a two-step "TB skin test" (TST) was not completed within seven days after he was admitted to the facility. On 02/20/24 at 10:11 AM Licensed Nurse (LN) B stated she had not completed a TB Symptom Screening Questionnaire for R102. LN B stated she set up for the local clinic to complete a TST but this had not been completed. The undated "Tuberculosis (TB) Guidelines" policy documented, "Each new resident ...shall	S5230		

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S5230	Continued From page 8 receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of residency or employment ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly admitted residents.	S5230		
S5312 SS=F	26-42-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g)(2) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - On 02/19/24 at 03:37 PM revealed the facility's medication room contained the following prescription medications which were not labeled with a resident's full name: Resident (R)103:	S5312		

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S5312	Continued From page 9 Two tubes of Nystatin 100,000 units/gram cream Two tubes of Diclofenac Sodium Topical Gel one percent R104: One package of Combigan eyedrops One bottle of Fluticasone Propionate nasal spray R101: One bottle of Fluticasone Propionate nasal spray R105: Two tubes of Triamcinolone 0.5 percent cream R106: One tube of Good Neighbor Pharmacy Hydrocortisone one percent cream R102: One package of Hyosyne Oral Drops R107: One tube of Diclofenac Sodium one percent gel R108: One bottle of Ear Wax Removal drops The undated "Medication Management" policy documented, "the pharmacist shall label the drug, as required for prescription drugs." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S5312		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may	S5313		

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S5313	Continued From page 10 accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of eight residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the medicine container of over-the-counter medications (OTC). Findings included: - Observation on 02/19/24 at 03:37 PM of the medication room revealed the following OTC medications that were not labeled with the full name of the resident (R): R104: One bottle of Good Neighbor Pharmacy Calcium 600 +D3 R106:	S5313		

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S5313	Continued From page 11 One bottle of Good Neighbor Pharmacy Century Mature Formula Multivitamin/Multimineral One tube of BioFreeze One tube of Good Neighbor Pharmacy Hydrocortisone one percent R107: One bottle of Equate Advanced Eye Health Complex One bottle of Major Oyster Shell Calcium with Vitamin D3 One bottle of Rugby Certavite Senior One bottle of Good Neighbor Pharmacy Women' 50+ Multi One bottle of Good Neighbor Pharmacy Pain Relief One tube of Voltaren Arthritis Pain rub R108: Two bottles of Ayr Saline Nasal Spray The undated "Medication Management" policy documented, "Over the counter drugs delivered to the facility must be in the original unbroken manufacturer's package. A licensed nurse must place the residents full name on the package." The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		